Case 25-10401 Doc 4 Filed 01/30/25 Entered 01/30/25 15:57:58 Desc Main Check as directed in lines 17 and 21: Fill in this information to identify your case: According to the calculations required by this Statement: Debtor 1 Horace Stephens First Name Middle Name Last Name ☐ 1. Disposable income is not determined. under 11 U.S.C. § 1325(b)(3). Debtor 2 (Spouse, if filing) ✓ 2. Disposable income is determined First Name Middle Name Last Name under 11 U.S.C. § 1325(b)(3). **Eastern District of Pennsylvania** United States Bankruptcy Court for the: 3. The commitment period is 3 years. Case number 4. The commitment period is 5 years. (if known) Check if this is an amended filing Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period 10/19 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). Part 1: Calculate Your Average Monthly Income What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. ☐ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column B Column A Debtor 1 Debtor 2 or non-filing spouse Your gross wages, salary, tips, bonuses, overtime, and commissions (before all \$0.00 payroll deductions). **Alimony and maintenance payments.** Do not include payments from a spouse. \$0.00 All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed \$0.00 on line 3. Net income from operating a business, profession, or farm Debtor 1 Debtor 2 \$16,645.03 \$0.00 Gross receipts (before all deductions) \$10.259.65 \$0.00 Ordinary and necessary operating expenses \$6.385.38 Copy \$0.00 Net monthly income from a business, profession, or farm \$6,385.38 6. Net income from rental and other real property Debtor 1 Debtor 2

Gross receipts (before all deductions)

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

\$0.00

\$0.00

\$0.00

Copy

\$0.00

\$0.00

\$0.00

\$0.00

Case 25-10401 Doc 4 Filed 01/30/25 Entered 01/30/25 15:57:58 Desc Main

Debtor 1 Horace Deciment Page 2 of 11
First Name Middle Name Last Name

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7. Interest, dividends, and royalties	\$0.00		
8. Unemployment compensation	\$0.00		
Do not enter the amount if you contend that the amount received was a benefit under			
the Social Security Act. Instead, list it here: \downarrow			
For you			
For your spouse			
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$0.00		
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.			
			
Total amounts from separate pages, if any.	+	+	
11. Calculate your total average monthly income. Add lines 2 through 10 for each	\$6,385.38	+	= \$6,385.38
column. Then add the total for Column A to the total for Column B.			Total average
			monthly income
Part 2: Determine How to Measure Your Deductions from Income			
12. Copy your total average monthly income from line 11.			\$6,385.38
13. Calculate the marital adjustment. Check one:			
☑ You are not married. Fill in 0 below.			
☐ You are married and your spouse is filing with you. Fill in 0 below.			
You are married and your spouse is not filing with you.			
Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid your dependents, such as payment of the spouse's tax liability or the spouse's support of dependents.			
Below, specify the basis for excluding this income and the amount of income devoted to additional adjustments on a separate page.	each purpose. If necess	ary, list	
If this adjustment does not apply, enter 0 below.			
	\$0.00	_	ድ ስ ስስ
Total	\$0.00 Copy	here. \rightarrow	\$0.00
14. Your current monthly income. Subtract the total in line 13 from line 12.			\$6,385,38

De

obtor 1	Case 25-1	0401 D0C 4	Dechusing Dischington	Page 3 of 11	30/25 15:57:58 Des	c Main
ebtor 1	Horace First Name	Middle Name	Last Name		Case number (if known).	
15. Calculat		thly income for the yea		S:		
	-					\$6,385.38
		(the number of months				x 12
15b. Th	ne result is your curr	ent monthly income for	the year for this part	t of the form		\$76,624.56
16. Calculat	e the median family	/ income that applies to	o vou. Follow these:	steps:		
	I in the state in which		-	Pennsylvania		
16b. Fil	I in the number of p	eople in your household	i.	1		
16c. Fill	I in the median fami	ly income for your state	and size of househo	old		\$65,737.00
To	find a list of applicat	•	ounts, go online using	g the link specified in the		
	the lines compare?	·	avaliable at the ball	rupicy cierk's office.		
_	_		c. On the top of page	e 1 of this form, check box	x 1, Disposable income is not o	letermined under 11
	U.S.C. § 1325(b)	(3). Go to Part 3. Do No	OT fill out <i>Calculatio</i>	n of Your Disposable Inco	ome (Official Form 122C-2).	
17b. 🛚	1325(b)(3). Go t o	than line 16c. On the to Part 3 and fill out Caloncome from line 14 about 15 and 16 an	culation of Your Dis	orm, check box 2, <i>Dispos</i> posable Income (Official	sable income is determined und I Form 122C–2). On line 39 of t	der 11 U.S.C. § hat form, copy your
art 3: Cal	culate Your Con	nmitment Period Ur	nder 11 U.S.C. §1	325(b)(4)		
calculatii amount f	ng the commitment from line 13.	period under 11 U.S.C.	§ 1325(b)(4) allows	, , ,	and you contend that r spouse's income, copy the	\$0.00
	tract line 19a from I		orr into 100			
			Tallow these step			\$6,385.38
		thly income for the yea				
						\$6,385.38
Multip	oly by 12 (the numb	er of months in a year).				x 12
20b. The re	esult is your current	monthly income for the	year for this part of	the form.		\$76,624.56
20c. Copy	the median family in	ncome for your state an	d size of household	from line 16c		\$65,737.00
21. How do	the lines compare?	•				
		20c. Unless otherwise of 3 years. Go to Part 4.	ordered by the court,	on the top of page 1 of the	nis form, check box 3,	
		equal to line 20c. Unless ment period is 5 years. (by the court, on the top of	f page 1 of this form,	
art 4: Sig	n Below					
By signing	g here, under penal	ty of perjury I declare th	at the information or	n this statement and in an	ny attachments is true and corre	ect.
V						
• -	s/ Horace Stephe	ens				
Si	gnature of Debtor 1					

If you checked 17a, do NOT fill out or file Form 122C-2.

Date 01/30/2025

MM/ DD/ YYYY

If you checked 17b, fill out Form 122C–2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Case 25-10401 Doc 4 Filed 01/30/25 Entered 01/30/25 15:57:58 Desc Main Fill in this information to identify your case: Stephens Debtor 1 **Horace** First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name **Eastern District of Pennsylvania** United States Bankruptcy Court for the: Check if this is an Case number (if known) amended filing Official Form 122C-2 Chapter 13 Calculation of Your Disposable Income 04/22 To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1). Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). Part 1 Calculate Your Deductions from Your Income The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office. Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1. If your expenses differ from month to month, enter the average expense. Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases. 5. The number of people used in determining your deductions from income Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household. **National Standards** You must use the IRS National Standards to answer the questions in lines 6-7. 6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National \$808.00 Standards, fill in the dollar amount for food, clothing, and other items. 7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the

dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher

than this IRS amount, you may deduct the additional amount on line 22.

Case 25-10401 Doc 4 Filed 01/30/25 Entered 01/30/25 15:57:58 Desc Main

Debtor 1 Horace Deciment Page 5 of 11
First Name Middle Name Last Name

Case number (if known)

	eople who are under 65 years of age	#02.00		
7:	 a. Out-of-pocket health care allowance per person b. Number of people who are under 65 	<u>\$83.00</u> X 1		
,	•		Сору	
7	c. Subtotal. Multiply line 7a by line 7b.	<u>\$83.00</u>	here → \$83.00	
Р	eople who are 65 years of age or older			
7	d. Out-of-pocket health care allowance per person	<u>\$158.00</u>		
7	e. Number of people who are 65 or older	X <u> </u>		
7	5. Subtotal. Multiply line 7d by line 7e.	\$0.00	Copy + $\underline{\hspace{1cm}}$ \$0.00	
7g.	Total. Add lines 7c and 7f.		\$83.00 Copy here →	\$83.00
3				
Local Stand	ards You must use the IRS Local Standards to an	swer the questions in lines 8-15		
Danada	un información from the IDC the ILC Tructes Due un	on has divided the IDC Lasel C	andered for housing for	
	on information from the IRS, the U.S. Trustee Progra otcy purposes into two parts:	im has divided the IRS Local S	randard for nousing for	
■ Hous	sing and utilities – Insurance and operating expense	es		
■ Hous	sing and utilities – Mortgage or rent expenses			
	ver the questions in lines 8-9, use the U.S. Trustee P d in the separate instructions for this form. This cha			
	using and utilities – Insurance and operating exper		e you entered in line 5, fill in	\$639.00
	using and utilities – Mortgage or rent expenses:	3 - 1		
9	a. Using the number of people you entered in line 5, f listed for your county for mortgage or rent expense		<u>\$1,038.00</u>	
9	 Total average monthly payment for all mortgages a your home. 	nd other debts secured by		
	To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 bankruptcy. Next divide by 60.			
	Name of the creditor	Average monthly		
	Name of the Creditor	payment		
		+		
			copy \$0.00 Repeat this amount	
	9b. Total average monthly payment	50.00	ere → - \$0.00 on line 33a.	
9c	Net mortgage or rent expense.			
	Subtract line 9b (total average monthly payment) from this number is less than \$0, enter \$0.	om line 9a (mortgage or rent exp	ense). If\$1,038.00 Copy here →	\$1,038.00
10. If v	rou claim that the U.S. Trustee Program's division o	f the IRS Local Standard for ho	using is incorrect and affects	\$0.00
	e calculation of your monthly expenses, fill in any ac			Ψ0.00
	Explain			
	why:			

Case 25-10401 Doc 4 Filed 01/30/25 Entered 01/30/25 15:57:58 Desc Main

Debtor 1 Page 6 of 11

Case number (if known)

Horace	Horace		Page 6 of 11	Case number (if known)	
First Name	Middle Name	Last Name			

1. L	ocal transportation expenses: Check the number	of vehicles for which you	laim an own	ership or operating expense	
	O. Go to line 14.	or verillices for writeri you t	Jaim an own	ership of operating expense.	
[1. Go to line 12.				
[2 or more. Go to line 12.				
	rehicle operation expense: Using the IRS Local State expenses, fill in the Operating Costs that apply for you				\$307.00
\	Yehicle ownership or lease expense: Using the IRS ehicle below. You may not claim the expense if you ot claim the expense for more than two vehicles.				
	Vehicle 1 Describe Vehicle 1: 2013 Lexus	LS460			
1	3a. Ownership or leasing costs using IRS Local Sta	andard		\$619.00	
	3b. Average monthly payment for all debts secured				
	Do not include costs for leased vehicles.	•			
	To calculate the average monthly payment here amounts that are contractually due to each sec months after you file for bankruptcy. Then divid	ured creditor in the 60			
	Name of each creditor for Vehicle 1	Average monthly payment			
	Westlake Portfolio Management, LLC	\$349.37			
		+			
	Total average monthly paymen	*349.37	Copy here →	Repeat this amount on line 33b.	
1	3c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. If this number is	s less than \$0, enter \$0		\$269.63 Copy net Vehicle 1 expense here →	\$269.63
	Vehicle 2 Describe Vehicle 2:				
	2d Ownerskip or looping costs using IDC Loop Sta	an dord			
	3d. Ownership or leasing costs using IRS Local Stage 3e. Average monthly payment for all debts secured				
	Do not include costs for leased vehicles.	by Vollide 2.			
	Name of each creditor for Vehicle 2	Average monthly payment			
		+			
	Tabel account to the last		Сору	Repeat this amount	
	Total average monthly paymen	τ	here \rightarrow	– on line 33c.	
1	3f. Net Vehicle 2 ownership or lease expense	and the angle of the control of the		Copy net Vehicle 2	
	Subtract line 13e from 13d. If this number is les	s tnan \$0, enter \$0		expense here →	
	ublic transportation expense: If you claimed 0 ver transportation expense allowance regardless of w				

Case 25-10401 Doc 4 Filed 01/30/25 Entered 01/30/25 15:57:58 Desc Main Debtor 1 Page 7 of 11

Horace Decyment Page 7 of 11
First Name Middle Name Last Name

Case number (if known)

	her Necessary penses	In addition to the expens following IRS categories		ed above, you are allowed your monthly expenses for the		
16.	social security taxes, a you expect to receive that is withheld to pay	and Medicare taxes. You i a tax refund, you must div	may include the m	II, state and local taxes, such as income taxes, self-employment taxes, monthly amount withheld from your pay for these taxes. However, if I refund by 12 and subtract that number from the total monthly amount	\$0.00	
17.	uniform costs.			at your job requires, such as retirement contributions, union dues, and as voluntary 401(k) contributions or payroll savings.	\$0.00	
18.	include payments that	you make for your spouse	e's term life insura	or own term life insurance. If two married people are filing together, ance. for a non-filing spouse's life insurance, or for any form of life insurance	\$0.00	
19.	spousal or child suppo	ort payments.		y as required by the order of a court or administrative agency, such as child support. You will list these obligations in line 35.	\$0.00	
20.	as a condition for y		•	that is either required: no public education is available for similar services.	\$0.00	
21.		nonthly amount that you p		such as babysitting, daycare, nursery, and preschool.	\$0.00	
22.	health and welfare of your only the amount that is		nd that is not reim red in line 7.	The monthly amount that you pay for health care that is required for the inbursed by insurance or paid by a health savings account. Include d be listed only in line 25.	\$0.00	
23.	23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted.					
24.	Add all of the expens Add lines 6 through 23	es allowed under the IRS 3.	expense allowar	nces.	\$3,559.63	
	dditional Expense	These are additional dec Note: Do not include any				
25.				ount expenses. The monthly expenses for health insurance, disability essary for yourself, your spouse, or your dependents.		
	Health insurance		\$0.00			
	Disability insurance		\$0.00			
	Health savings accou	ınt +	\$0.00			
	Total		\$0.00	Copy total here →	\$0.00	
	Do you actually spend	I this total amount?			· ·	
	☐ No. How much do	you actually spend?				
26.	Continuing contributi The actual monthly ex ill, or disabled membe	r of your household or me	nue to pay for the ember of your imm	embers. e reasonable and necessary care and support of an elderly, chronically nediate family who is unable to pay for such expenses. These ABLE program. 26 U.S.C. § 529A(b).	<u>\$0.00</u>	
27.	family under the Famil		d Services Act or	nonthly expenses that you incur to maintain the safety of you and your other federal laws that apply. ential.	\$0.00	

Case 25-10401 Doc 4 Filed 01/30/25 Entered 01/30/25 15:57:58 Desc Main Page 8 of 11 Decyment. Debtor 1 **Horace** Case number (if known) -First Name Middle Name Last Name 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in \$0.00 the excess amount of home energy costs You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$189.58* per child) \$0.00 that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment. \$0.00 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a + \$0.00 religious or charitable organization. 11 U.S.C. § 548(d)3 and (4). Do not include any amount more than 15% of your gross monthly income. 32. Add all of the additional expense deductions. \$0.00 Add lines 25 through 31. **Deductions for Debt Payment** For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly payment Mortgages on your home \$0.00 33a. Copy line 9b here Loans on your first two vehicles \$349.37 33b. Copy line 13b here 33c. Copy line 13e here 33d. List other secured debts: Does payment Name of each creditor for other Identify property that secures the secured debt include taxes or insurance?

33e. Total average monthly payment. Add lines 33a through 33d.

No
Yes
No
Yes
No
Yes
No
Yes

\$349.37

Copy total

here→

\$349.37

Case 25-10401 Doc 4 Filed 01/30/25 Entered 01/30/25 15:57:58 Desc Main Debtor 1 Page 9 of 11

Horace	Horace		Page 9 of 11 Case number (if known)		
First Name	Middle Name	Last Name		,	

34.	Are any debts that you listed in lin support or the support of your dep		residence, a vehicl	e, or other pro	operty necessary for	your	
	☐ No. Go to line 35.						
	Yes. State any amount that you possession of your property (cal	must pay to a creditor, in additional led the cure amount). Next, divi	on to the payments ide by 60 and fill in t	listed in line 3 the information	3, to keep n below.		
	Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount		
				÷ 60 =			
	-			÷ 60 =			
				÷ 60 =	+		
				Total	\$0.00	Copy total here →	\$0.00
35.	Do you owe any priority claims—sbankruptcy case? 11 U.S.C. § 507		pport, or alimony-	-that are pas	t due as of the filing	date of your	
	✓No. Go to line 36.						
	Yes. Fill in the total amount of al those you listed in line 19.	of these priority claims. Do not	t include current or	ongoing priori	ty claims, such as		
	Total amount of all past-du	e priority claims				÷ 60	
36.	Projected monthly Chapter 13 plan	n payment			\$0.00		
	Current multiplier for your district United States Courts (for district United States Trustees (for all of	s in Alabama and North Carolin					
	To find a list of district multipliers the separate instructions for this office.				× <u>9.40%</u>		
	Average monthly administrative	expense			\$0.00	Copy total here →	<u>\$0.00</u>
37.	Add all of the deductions for debt	payment. Add lines 33e throug	h 36.				\$349.37
Total	Deductions from Income						
38.	Add all of the allowed deductions.						
	Copy line 24, All of the expenses at	llowed under IRS expense allov	vances		\$3,559.63		
	Copy line 32, All of the additional ex	xpense deductions			<u>\$0.00</u>		
	Copy line 37, All of the deductions	for debt payment			+ \$349.37	Conv	
	Total deductions				\$3,909.00	Copy total here →	\$3,909.00

Case 25-10401 Doc 4 Filed 01/30/25 Entered 01/30/25 15:57:58 Desc Main Debtor 1 Page 10 of 11

btor 1	Horace		Document	Page 10 of 11	Case number (if known)	
	First Name	Middle Name	Last Name		,	

Par	2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)						
39.	Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.			\$6,385.38			
40.	Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.						
41.	Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).						
42.	Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here \rightarrow	\$3,909	.00				
43.	Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.						
	Describe the special circumstances Amount of expense						
	Total \$0.00 Copy he	re +\$0.0	<u>o</u>				
44.	Total adjustments. Add lines 40 through 43	\$3,909.	<u>00</u> Copy	y here →\$3,909.00			
45.	. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$2,476.38						
Par	t 3: Change in Income or Expenses						
46.	Change in income or expenses. If the income in Form 122C-1 or the expenses you repchanged or are virtually certain to change after the date you filed your bankruptcy petitic case will be open, fill in the information below. For example, if the wages reported increpetition, check 122C-1 in the first column, enter line 2 in the second column, explain when when the increase occurred, and fill in the amount of the increase.	on and during the timesed after you filed y	ne your ⁄our				
F	orm Line Reason for change	Date of change	Increase or decrease?	Amount of change			
_	122C-1		Increase				
_	122C-2 ——————————————————————————————————		☑ Decrease☑ Increase				
	122C-2 ——————————————————————————————————		Decrease				

Case 25-10401 Filed 01/30/25 Entered 01/30/25 15:57:58 Doc 4 Desc Main Page 11 of 11 Debtor 1

Document Horace Case number (if known) -

First Name Last Name Middle Name

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Horace Stephens Signature of Debtor 1

> Date 01/30/2025 MM/ DD/ YYYY